## PATENT APPLICATION I DETERMINATION RECORD

Effective October 1, 2001

10/088305

| CLAIMS AS FILED - PART I  |                                      |   |                                  |                                     |                        |                                  | SMALL ENTITY |                    |                        |      | OTHER                               | R THAN                 |
|---|--------------------------------------|---|----------------------------------|-------------------------------------|------------------------|----------------------------------|--------------|--------------------|------------------------|------|-------------------------------------|------------------------|
| Torus of AMC  |                                      |   | (Column 1)                       |                                     | (Column 2)             |                                  | 1 .          | TYPE               |                        | _OR  | SMALL ENTITY                        |                        |
| TOTAL CLAIMS  |                                      |   | <u> </u>                         |                                     |                        | 14.2 TO 18 14                    |              | RATE               | FEE                    | ]    | RATE                                | FEE                    |
| FOR   |                                      |   | NUMBER FILED                     |                                     | NUMBER EXTRA           |                                  |              | BASIC FE           | Ε                      | OR   | BASIC FEE                           | 890                    |
| TOTAL CHARGEABLE CLAIMS   |                                      |   | 19 mi                            | nus 20=                             | *                      |                                  |              | X\$ 9=             |                        | OR   | X\$18=                              |                        |
| INDEPENDENT CLAIMS  |                                      |   | L                                | inus 3 =                            | *                      |                                  |              | X42=               |                        | OR   | X84=                                |                        |
| M   | ULTIPLE DEPE                         | NDENT CLAIM P                             | RESENT                           |                                     |                        |                                  |              | +140=              |                        | OR   | +280=                               |                        |
| * If the difference in column 1 is less than zero   |                                      |   |                                  |                                     | "0" in d               | column 2                         |              | TOTAL              |                        | OR   | TOTAL                               | 890                    |
| CLAIMS AS AMENDED - PART II   |                                      |   |                                  |                                     |                        |                                  |              |                    |                        |      | OTHER                               |                        |
| _   |                                      | (Column 1)                                | 1.75.010                         | (Colur                              |                        | (Column 3)                       | 1 -          | SMALL              | ENTITY                 | OR   | SMALL                               | ENTITY                 |
| <b>AMENDMENT A</b>  |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUMI<br>PREVIC<br>PAID I    | BER<br>BUSLY           | PRESENT<br>EXTRA                 |              | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                                | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total                                | *   | Minus                            | **                                  |                        | =                                |              | X\$ 9=             |                        | OR   | X\$18=                              |                        |
| AME   | Independent                          | *<br>NTATION OF MU                        | Minus                            | ***                                 | CLAIM                  | =                                |              | X42=               |                        | OR   | X84=                                |                        |
| Ц.  | FINOI FILOE                          | INTATION OF MIC                           | DETIFIE DET                      | ENDENT                              | CLAIIVI                |                                  | 1            | +140=              |                        | OR   | +280=                               |                        |
|   |                                      | •   |                                  |                                     |                        |                                  | L            | TOTAL<br>DDIT. FEE |                        | OR   | TOTAL<br>ADDIT, FEE                 |                        |
|   |                                      | (Column 1)                                |                                  | (Colum                              | n 2)                   | (Column 3)                       |              | DD11.1 CE          |                        | • '  |                                     |                        |
| AMENDMENT B   |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHE<br>NUME<br>PREVIO<br>PAID F   | BER<br>USLY            | PRESENT<br>EXTRA                 |              | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                | *   | Minus                            | **                                  |                        | =                                |              | X\$ 9=             |                        | OR   | X\$18=                              |                        |
| ME  | Independent                          | *   | Minus                            | ***                                 |                        | =                                |              | X42=               |                        | OR   | X84=                                |                        |
|   | FIRST PRESE                          | VTATION OF MU                             | LTIPLE DEP                       | ENDENT                              | CLAIM                  |                                  | -            |                    |                        | f    |                                     |                        |
|   |                                      |   |                                  |                                     |                        |                                  | L            | ±140=              |                        | OR   | * £ · · · · · · · · · · · · · · · · | ·                      |
|   | •                                    |   |                                  |                                     |                        |                                  | AE           | TOTAL<br>DIT. FEE  |                        | OR , | TOTAL<br>DDIT. FEE                  |                        |
|   |                                      | (Column 1)                                |                                  | (Colum                              |                        | (Column 3)                       |              |                    |                        |      |                                     |                        |
| AMENINAENT C  |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | ER<br>JSLY             | PRESENT<br>EXTRA                 |              | RATE               | ADDI-<br>TIONAL        |      | R/TE                                | ADDI-<br>TIONAL<br>FET |
|   | `;·                                  |   | Minus                            |                                     | i                      | ±.                               | į.           | X\$ 9=             |                        | OR   | X\$18=                              | į                      |
|   |                                      |   | Minus                            | ***                                 |                        |                                  |              | X42=               |                        | OR   | X84=                                |                        |
| !   | LINDI LUEDEL                         | NTATION OF MU                             | LITTLE DEP                       | ENDENT (                            | LAIM                   |                                  |              | 140=               |                        | OR I | +280=                               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                      |   |                                  |                                     |                        |                                  |              | 4                  |                        |      |                                     |                        |
|   |                                      |   |                                  |                                     |                        |                                  | L.           | TOTAL              |                        |      | TOTAL                               |                        |
| ***   | the "Highest Num<br>the "Highest Num |   | d For" IN THIS<br>d For" IN THIS | SPACE is I                          | less than<br>less than | 20, enter "20."<br>3, enter "3." |              | DIT. FEE           |                        | OR A | DDIT. FEE                           |                        |